

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-Q37PEOPL

ADDRESS (number and street) 125 Barclay Street
 Check if different than previously reported. (ACC)
NEW YORK NY 10007

2. **FEC IDENTIFICATION NUMBER** C00149211
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maf Uddin

Signature of Treasurer Electronically Filed by Maf Uddin Date 02 18 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		42457.72
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	43266.68									
(c) Total Receipts (from Line 19)	96129.65	597927.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	139396.33	640385.45								
7. Total Disbursements (from Line 31)	43266.68	544255.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	96129.65	96129.65								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3726.98	16184.41
(ii) Unitemized	92402.67	581743.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)	96129.65	597927.73
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	96129.65	597927.73
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	96129.65	597927.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	96129.65	597927.73

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	43266.68	544255.80
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	43266.68	544255.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43266.68	544255.80

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	96129.65	597927.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	96129.65	597927.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Jackie Adams		Date of Receipt
	Mailing Address 870 Riverdale Dr. #5a		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10032
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.9066
Name of Employer DC 37		Occupation President of Local 299	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 208.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Leonard Allen		Date of Receipt
	Mailing Address 512 Powell Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11212
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.9067
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 260.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Miriam Allen		Date of Receipt
	Mailing Address 4322 Claredon Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11203
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.9068
Name of Employer NYC Board of Higher Ed. State		Occupation COLLEGE ADMIN ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 38.46
		<input type="text"/> 461.52	Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 118.46
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Maynard Anderson		Date of Receipt
	Mailing Address 789 willoughby ave		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brooklyn	NY	11206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9147
Name of Employer District Council 37, AFSC-ME		Occupation Assistant Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.00	<input type="text" value="16.00"/>
Payroll Deduction			

B.	Full Name (Last, First, Middle Initial) Ronald Arnero		Date of Receipt
	Mailing Address 175 Willoughby St #8H		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brooklyn	NY	11201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9069
Name of Employer District Council 37, AFSC-ME		Occupation Assistant Division Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.00	<input type="text" value="16.00"/>
Payroll Deduction			

C.	Full Name (Last, First, Middle Initial) Peggy Benjamin		Date of Receipt
	Mailing Address 545 w 126th st		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	NY	NY	10027
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9070
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Rep	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text" value="20.00"/>
Payroll Deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="52.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) James Bruni		Date of Receipt
	Mailing Address 22 Brighton 3rd rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11235
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.9071
Name of Employer NYC Department of Protection		Occupation Construction Laborer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 40.00
			Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Judith Burger-Arroyo		Date of Receipt
	Mailing Address 1056 E37th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11210
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.9072
Name of Employer District Council 37, AFSCME		Occupation Grievance Rep, Local President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 2500.00	<input type="text"/> 400.00
			Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Zonnie Butts		Date of Receipt
	Mailing Address 363 Dumont Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11210
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.9073
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 50.00
			Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 490.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Jason Canidate		Date of Receipt
	Mailing Address 85 Tompkins Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11206
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer NYC POLICE Dept.		Occupation POLICE ADMIN AIDE	Transaction ID: SA11AI.9074
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 236.00	<input type="text"/> 20.00
			Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Cora Casey		Date of Receipt
	Mailing Address 49-57 Crown Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11221
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer NYC Housing Authority		Occupation Secretary	Transaction ID: SA11AI.9075
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 260.00	<input type="text"/> 40.00
			Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Carmen Charles		Date of Receipt
	Mailing Address 681 Palisade Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	teaneck	NJ	07666
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer District Council 37, AFSC-ME		Occupation Local President	Transaction ID: SA11AI.9076
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 260.00	<input type="text"/> 20.00
			Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Cynthia Chin-Marshall		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 119 E 38th St.		Transaction ID: SA11AI.9077
	City Paterson	State NJ	Zip Code 07514
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.00
	Name of Employer DC 37 Health & Security Fund	Occupation H&S Administrator	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00	

B.	Full Name (Last, First, Middle Initial) Santos Crespo		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 319 Atkins Ave		Transaction ID: SA11AI.9078
	City Brooklyn	State NY	Zip Code 11208
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Local 372 NYC Bd of Ed, AFSCME	Occupation Vice President	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.00	

C.	Full Name (Last, First, Middle Initial) Francis Curtis		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 100 Beekman St. #8B		Transaction ID: SA11AI.9079
	City New York	State NY	Zip Code 10038
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer District Council 37, AFSC-ME	Occupation Program Director	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	72.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Michael DeMarco		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 83 Ramblewood Ave		Transaction ID: SA11AI.9080
	City State Zip Code Staten Island NY 10308	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
	Name of Employer District Council 37, AFSC-ME Occupation Grievance Representative	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Colleen Detroy		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 5101 39th St apt. b21		Transaction ID: SA11AI.9081
	City State Zip Code Woodside NY 11104	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
	Name of Employer District Council 37, AFSC-ME Occupation Administrative Assistant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction Aggregate Year-to-Date ▼ 260.00

C.	Full Name (Last, First, Middle Initial) Moira Dolan		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 711 Amsterdam Ave #22L		Transaction ID: SA11AI.9082
	City State Zip Code New York NY 10025	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.00
	Name of Employer District Council 37, AFSC-ME Occupation Assist Director - Research & Neg.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction Aggregate Year-to-Date ▼ 208.00

SUBTOTAL of Receipts This Page (optional)	▶	76.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Connie Etheridge		Date of Receipt
	Mailing Address 123-18 153rd St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Jamaica	NY	11434
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9083
Name of Employer NYC LAW DEPARTMENT		Occupation CLERICAL ASSOCIATE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 230.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Isabel Figueroa		Date of Receipt
	Mailing Address 431 E147 Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bronx	NY	10455
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9084
Name of Employer Local 420, AFSCME AFL-CIO		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 260.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Oliver Gray		Date of Receipt
	Mailing Address 655 E. 14th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	New York	NY	10009
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9085
Name of Employer District Council 37, AFSC-ME		Occupation Associate Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 1040.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 140.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Stephanie Harris

Mailing Address 4223 Hill Ave

City State Zip Code
Bronx NY 10466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9086

Amount of Each Receipt this Period
20.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Mr. Tyler Hemingway

Mailing Address 7 Sunglow Terrace

City State Zip Code
Middletown NY 10941

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
District Council 37 Asst Division Director - Hosp.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9087

Amount of Each Receipt this Period
40.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Chandler Henderson

Mailing Address 367 Monroe

City State Zip Code
Brooklyn NY 11221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
District Council 37, AFSC-ME Council Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9088

Amount of Each Receipt this Period
16.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **76.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Mathildegl Holguin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	Mailing Address 1a 35-33 64th St		Transaction ID: SA11AI.9089
	City Woodside	State NY	Zip Code 11377
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer NYC Social Services Dept	Occupation Eligibility Specialist	Payroll Deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Barbara Ingram-Edmonds		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	Mailing Address 34 douth Mill Rd		Transaction ID: SA11AI.9090
	City West Winsor	State NJ	Zip Code 08550
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer District Council 37, AFSC-ME	Occupation Director of Field Operators	Payroll Deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00
---	-------------------------------------

C.	Full Name (Last, First, Middle Initial) Dorothy Jelks		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	Mailing Address 340 Williams		Transaction ID: SA11AI.9091
	City Brooklyn	State NY	Zip Code 11207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer NYC FIRE DEPARTMENT	Occupation CLERICAL ASSOCIATE	Payroll Deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00
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SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Frances Johnson		Date of Receipt
	Mailing Address 576 St Marks Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Brooklyn	NY	11216
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9093
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 32.00
		<input type="text"/> 208.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Beresford Julien		Date of Receipt
	Mailing Address 2061 Fulton Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Brooklyn	NY	11233
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9094
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 260.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) amy Kadlub		Date of Receipt
	Mailing Address 115 Douglas Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SI	NY	10304
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9095
Name of Employer District Council 37, AFSC-ME		Occupation HR Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 16.00
		<input type="text"/> 208.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 98.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Barbara Kairson	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 43 Hamilton Terrence	Transaction ID: SA11AI.9096
	City State Zip Code New York NY 10031	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer District Council 37, AFSC-ME	Occupation Director of DC 37 Education Fund	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) Madonna Knight	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 282 E 35th Street	Transaction ID: SA11AI.9097
	City State Zip Code Brooklyn NY 11203	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer District Council 37, AFSC-ME	Occupation Council Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Clifford Koppelman	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 1270 E 19 Street, #1J	Transaction ID: SA11AI.9098
	City State Zip Code Brooklyn NY 11230	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer District Council 37, AFSC-ME	Occupation Grievance Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	115.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Jane Latour		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 72 Seaman apt 6b		Transaction ID: SA11AI.9100
	City New York	State NY	Zip Code 10034
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer District Council 37, AFSC-ME	Occupation Associate Editor	Payroll Deduction
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Eugene Lawrence		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 2760 Grand Concourse Apt 1B		Transaction ID: SA11AI.9101
	City Bronx	State NY	Zip Code 10458
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer NYC Parks & Recreation Ad-min	Occupation Associate Park Service Worker	Payroll Deduction
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Marva Lewis		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 5700 Arlington Ave 9u		Transaction ID: SA11AI.9102
	City Riverdale	State NY	Zip Code 10471
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer District Council 37, AFSC-ME	Occupation Division Director	Payroll Deduction
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Adrienne Miller

Mailing Address 37 Regal Walk

City State Zip Code
Staten Island NY 10303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: SA11AI.9103

Amount of Each Receipt this Period
50.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Terrence Miller

Mailing Address 417 Prospect Pl

City State Zip Code
Brooklyn NY 11238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NYC Police Department Senior Police Admin. Aide

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: SA11AI.9104

Amount of Each Receipt this Period
50.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Veronica Montgomery

Mailing Address 202 Wyham Ct.

City State Zip Code
Slingerlands NY 12159

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Local 372 NYC Bd of Ed, AFSCME President of Local 372

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
785.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: SA11AI.9105

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **160.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Edwin Negron		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 80 East 110th St		Transaction ID: SA11AI.9106		
	City New York	State NY	Zip Code 10029	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer City of New York Admin Service	Occupation CITY CUSTODIAL ASST	Aggregate Year-to-Date 650.00		

B.	Full Name (Last, First, Middle Initial) Diane Parker		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 2986 Ave. V #6b		Transaction ID: SA11AI.9107		
	City Brooklyn	State NY	Zip Code 11229	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer	Occupation	Aggregate Year-to-Date 208.00		

C.	Full Name (Last, First, Middle Initial) Ralph Pepe		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 125 E.17th Street		Transaction ID: SA11AI.9108		
	City New York	State NY	Zip Code 10003	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer District Council 37, AFSCME	Occupation Real Estate Manager	Aggregate Year-to-Date 495.00		

SUBTOTAL of Receipts This Page (optional)	205.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Elnora Phillips		Date of Receipt
	Mailing Address 110 E 99th Street apt. 12F		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10029
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9109
Name of Employer Department of Social Services		Occupation Case Worker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 20.00
		Payroll Deduction	

B.	Full Name (Last, First, Middle Initial) Deborah Pitts		Date of Receipt
	Mailing Address 4286 Conashaugh Lks		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Milford	PA	18337
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9110
Name of Employer District Council 37, AFSCME		Occupation Grievance Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	<input type="text"/> 75.00
		Payroll Deduction	

C.	Full Name (Last, First, Middle Initial) Togba Porte		Date of Receipt
	Mailing Address PO Box 20346		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Staten Island	NY	10302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9111
Name of Employer Local 420 AFSCME AFL-CIO		Occupation Vice President- Local 420	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 20.00
		Payroll Deduction	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 115.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Walthene Primus		Date of Receipt
	Mailing Address 137-29 Bedell Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Springfield Grdns	NY	11413
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9112
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	<input type="text"/> 80.00
Payroll Deduction			

B.	Full Name (Last, First, Middle Initial) Sheila Rabb		Date of Receipt
	Mailing Address 219-18 Alecia ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Laurelton	NY	11413
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9113
Name of Employer District Council 37, AFSC-ME		Occupation Council Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00	<input type="text"/> 20.00
Payroll Deduction			

C.	Full Name (Last, First, Middle Initial) Darryl Ramsey		Date of Receipt
	Mailing Address 189-10 Williamson Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Springflds Grd	NY	11413
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9114
Name of Employer DC 37		Occupation Grievance Rep	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 20.00
Payroll Deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Wendell Reid		Date of Receipt
	Mailing Address 29 Marion Ave		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hartsdale	NY	10530
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer District Council 37, AFSC-ME		Occupation Council Representative	Transaction ID: SA11AI.9115
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="310.00"/>	<input type="text" value="70.00"/>
			Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Michael Riggio		Date of Receipt
	Mailing Address 38-24 Corporal Stone S		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bayside	NY	11361
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer District Council 37, AFSC-ME		Occupation Council Rep	Transaction ID: SA11AI.9116
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="260.00"/>	<input type="text" value="20.00"/>
			Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Lillian Roberts		Date of Receipt
	Mailing Address 2373 Broadway		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New York	NY	10024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer District Council 37, AFSC-ME		Occupation Executive Director	Transaction ID: SA11AI.9117
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2805.00"/>	<input type="text" value="220.00"/>
			Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="310.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Edward Rodriguez

Mailing Address 2 Mountain View Dr

City Thiells State NY Zip Code 10984

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37 Local 1549 Occupation President Local 1549

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: MM / DD / YYYY 12 / 31 / 2010

Transaction ID: SA11AI.9118

Amount of Each Receipt this Period 100.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
K G Sabater

Mailing Address 1566 Macombs Rd

City Bronx State NY Zip Code 10452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: MM / DD / YYYY 12 / 31 / 2010

Transaction ID: SA11AI.9119

Amount of Each Receipt this Period 20.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Paulette Sher

Mailing Address 381 Edgegrove Avenue

City Staten Island State NY Zip Code 10312

FEC ID number of contributing federal political committee. **C**

Name of Employer NYC Off Track Betting Occupation Betting Clerk

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY 12 / 31 / 2010

Transaction ID: SA11AI.9120

Amount of Each Receipt this Period 60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 180.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Jose Sierra	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 130 South Highland	Transaction ID: SA11AI.9121
	City State Zip Code Ossining NY 10562	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer: District Council 37, AFSC-ME Occupation: Division Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00	

B.	Full Name (Last, First, Middle Initial) Kyle Simmons	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 1114 Knollwood Drive	Transaction ID: SA11AI.9122
	City State Zip Code Tobyhanna PA 18466	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer: District Council 37, AFSC-ME Occupation: Grievance Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Yvonne Singh	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 501 E 145th St	Transaction ID: SA11AI.9123
	City State Zip Code Bronx NY 10454	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer: Triboro Bridge & Tunnel Auth. Occupation: Clerical Assoc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	▶	130.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) John Smith		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address P.O.BOX 199		Transaction ID: SA11AI.9124
	City BRONX	State NY	Zip Code 10451
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer City University of New York		Occupation City Custodial Asst.	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

B.	Full Name (Last, First, Middle Initial) David Stevens		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 23 Water Grant St		Transaction ID: SA11AI.9125
	City Yonkers	State NY	Zip Code 10701
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 79.52
Name of Employer Board of Higher Ed. State		Occupation INFO TECH SR. ASSOCIATE	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.88		

C.	Full Name (Last, First, Middle Initial) Dennis Sullivan		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 94 Buckingham Rd.		Transaction ID: SA11AI.9126
	City Yonkers	State NY	Zip Code 10701
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer District Council 37, AFSC-ME		Occupation Director of Research and Negotiations	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional)	▶	169.52
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Patricia Sumlin

Mailing Address 103 W. 165th St.
#4f

City State Zip Code
Bronx NY 10452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9127

Amount of Each Receipt this Period

40.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Cynthia Tapia-Khan

Mailing Address 1738 Eastburn Ave.

City State Zip Code
Bronx NY 10457

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9128

Amount of Each Receipt this Period

50.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Barbra Terrelonge

Mailing Address 38 Hull Street

City State Zip Code
Brooklyn NY 11233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
District Council 37 Asst Director Research Dept.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9129

Amount of Each Receipt this Period

40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶

130.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Jeffrey Thompson	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 1949 McGraw Ave	Transaction ID: SA11AI.9130
	City State Zip Code Bronx NY 10462	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer NYC Off Track Betting	Occupation MOTOR VEHICLE OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) James Tucciarelli	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 361 Mill Rd.	Transaction ID: SA11AI.9132
	City State Zip Code Staten Island NY 10306	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer District Council 37, AFSC-ME	Occupation Grievance Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.	Full Name (Last, First, Middle Initial) Esther Tucker	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address P.O. Box 934 Lincoln Station	Transaction ID: SA11AI.9133
	City State Zip Code New York NY 10037	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer District Council 37, ASFC-ME	Occupation Grievance Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Maf Uddin

Mailing Address 161-17 85th Ave

City State Zip Code
Jamaica Hills NY 11432

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSC-ME Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9134

Amount of Each Receipt this Period
20.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Robin Vall

Mailing Address 7508 Bell Blvd apt 1n

City State Zip Code
Bayside NY 11364

FEC ID number of contributing federal political committee. **C**

Name of Employer NY Dept . of Admin. Servi-ce Occupation Clerical Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9135

Amount of Each Receipt this Period
50.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Cesar Vasquez

Mailing Address PO Box 969

City State Zip Code
New York NY 10029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9136

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **120.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Martin Velasquez		Date of Receipt
	Mailing Address 96 Wenlock Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Staten Island	NY	10303
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9137
Name of Employer NY State Board of Higher Educa		Occupation City Laborer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 260.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Barbara Watkins		Date of Receipt
	Mailing Address 294 Osborn St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Brooklyn	NY	11212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9138
Name of Employer NYC ADMINISTRATIVE SERVIC-ES		Occupation CITY CUSTODIAL ASST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 404.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Kenneth Wheeler		Date of Receipt
	Mailing Address 1100 Teller Ave. apt 2G		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bronx	NY	10456
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9139
Name of Employer NYC Parks & Recreation Ad-min		Occupation Associate Park Service Worker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 260.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 170.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Chris Wilgenkamp

Mailing Address 2415 wolson Ave

City State Zip Code
Bronx NY 10469

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSC-ME Occupation Ast Divison Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9140

Amount of Each Receipt this Period
20.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Sheryl Williams

Mailing Address 475 Willson Avenue Apt 1D

City State Zip Code
Brooklyn NY 11221

FEC ID number of contributing federal political committee. **C**

Name of Employer NYC Finance Administration Occupation COMPUTER ASSOC.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9141

Amount of Each Receipt this Period
50.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Wanda Williams

Mailing Address 25 Roy Lane

City State Zip Code
Highland NY 12528

FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSC-ME Occupation Director of Political Action & Legisla

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9142

Amount of Each Receipt this Period
20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 31 / 32	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Mercedes Youman		Date of Receipt																					
	Mailing Address 345 E 93rd St 16h		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		3	1		2	0	1	0														
	City	State	Zip Code	Transaction ID: SA11AI.9143																				
	NY	NY	10128	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	100.00																					
Name of Employer NYC Health Dept.		Occupation Public Health Nurse	Payroll Deduction																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	520.00																					

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	3726.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 32

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

Full Name (Last, First, Middle Initial)

A. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Unitemized

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.9150

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)